



**DEPARTMENT OF PLANNING AND NATURAL RESOURCES
Division of Comprehensive and Coastal Zone Planning**

REQUEST FOR ZONING CERTIFICATION

NAME: _____

TEL: _____ **EMAIL:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ZONING CERTIFICATION REQUEST IS FOR:

PLOT NO(S) AND ACREAGE: _____

PARCEL ID NUMBER: _____

CURRENT USE OF PROPERTY: _____

TOTAL NUMBER OF RESIDENTIAL UNITS ON PROPERTY: _____

PROPOSED USE OF PROPERTY: _____

REASON FOR REQUEST: _____

PLEASE NOTE: A SURVEY OR OTHER DOCUMENTATION MAY BE REQUESTED TO COMPLETE THE ZONING CERTIFICATION.